



CITY OF SAN ANTONIO

P. O. BOX 839966
SAN ANTONIO TEXAS 78283-3966

PRELIMINARY PLAN REVIEW REQUEST FORM

There is a minimum \$75.00 fee per hour for each division attending the Preliminary Plan Review meeting and applicant will be required to pay this fee in advance of the meeting. There is a \$150.00 cancellation fee for those who do not cancel their scheduled Preliminary Plan Review meeting at least 24 hours in advance. If assessed a cancellation fee, it must be paid before you will be able to schedule any future Preliminary Plan Review Meetings. A date and time will be appointed after this form has been completed and faxed back to 210-207-6377. ****Attach the confirmation information to the Building Permit Application when submitting the plans for COSA review****

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

Project Name: _____

Project Address: _____

Project Square Footage: _____ Number of Stories: _____

New Structure: _____ Interior Finish Out: _____ Exterior Renovation: _____

Brief Project Description: _____

Please Circle Divisions to Be Present at Meeting:

BUILDING
FIRE ALARM
FIRE SPKLR
FIRE
MECHANICAL

ELECTRICAL
PLUMBING
DRAINAGE
TRAFFIC/SIDWALK
TREE/LANDSCAPE

EDWARDS RECHARGE ZONE
HEALTH
HISTORICAL
DISABILITY *(MULTI-FAMILY PROJECTS ONLY)*

OFFICE USE ONLY

SCHEDULED MEETING DATE: _____ TIME: _____ PROJECT#: _____

ASSIGNED EXAMINERS: _____

PLAN REVIEW MANAGER: _____